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APPLICANTS

David S. Haffner, Mission Viejo, CA;
 Gregory T. Smedley, Aliso Viejo, CA;
 Thomas W. Burns, Dana Point, CA; /LRD/
 Hosheng Tu, Newport Coast, CA;

** CONTINUING DATA *****

This appln claims benefit of 60/412,637 09/21/2002 /LRD/ 9 Sept 2008

** FOREIGN APPLICATIONS *****

none /LRD/

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **

12/12/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CA	12	11 14	5 1

ADDRESS

KNOBBE MARTENS OLSON & BEAR LLP
 2040 MAIN STREET
 FOURTEENTH FLOOR
 IRVINE, CA 92614
 UNITED STATES

TITLE

Glaucoma implant and delivery system Ocular implant with anchor and multiple openings

FILING FEE RECEIVED 749	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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